

### Texas Narcotic Officers Association Membership Application



"Contributions or gifts to TNOA are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses"

Applicants must complete the information below and submit it with the application fee. Membership is good for one year.

DUES: NEW: \_\_\_ RENEW: X

REGION: North \_\_\_ South X East \_\_\_ West \_\_\_ Central \_\_\_ (Please check one)

ACTIVE (Commissioned) \$40 SUSTAINING (Supporter) \$50

ASSOCIATE (Non-Commissioned) \$40 LIFE (Restricted)

Date: 6/21/11 Applying as: Active X Associate \_\_\_ Sustaining \_\_\_ Life \_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: 1/12/1964 PID#: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agency: Agency Address: P.O. BOX 5719 McALLEN, TX 78502

Agency Phone: 956) 381-0444 Contact Phone: 956) 381-0444

Email: s.lopez@hidtataskforce.com Insurance Beneficiary: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Agency: HIDALGO COUNTY HIDTA TASK FORCE

As a member of the Texas Narcotic Officers Association, I swear to abide by and uphold the Constitution and maintain the integrity of the association.

Signature of applicant : X \_\_\_\_\_

Please submit application to:  
Texas Narcotic Officers Association  
1790 Lee Trevino Dr, Suite #505  
El Paso, Texas 79936  
915/629-0055  
915/629-0059 fax

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Date: 6/21/11 Applying as: Active X Associate \_\_\_ Sustaining \_\_\_ Life \_\_\_

Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED]

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State: [REDACTED]

Mailing Address: [REDACTED]

Agency: Agency Address: P.O. BOX 5719 McALLEN, TX 78502

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: slopez@hidtaskforce.com Insurance Beneficiary: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Agency: HIDALGO COUNTY HIDTA TASK FORCE

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REGION: North  South  East  West  Central  (Please check one)

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ASSOCIATE (Non-Commissioned) \$40 LIFE (Restricted)

Date: 6/21/11 Applying as: Active  Associate  Sustaining  Life

Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED]

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State: [REDACTED]

Mailing Address: [REDACTED]

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Last Name: [REDACTED] First Name: [REDACTED] Mr. [REDACTED]

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State: [REDACTED]

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